

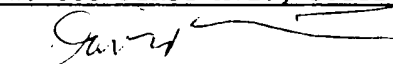
Please type a plus sign (+) inside this box → ☒

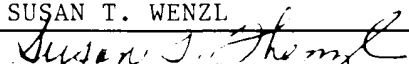
PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/530,661	
	Filing Date	SEPTEMBER 20, 1995	
	First Named Inventor	BRENT KEETH ET AL.	
	Group Art Unit	2503	
	Examiner Name	N. KELLY	
Total Number of Pages in This Submission	19	Attorney Docket Number	MI22-356

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	CHECK, APPEAL BRIEF, INCLUDING CLAIMS IN APPEAL, SUBMITTED IN TRIPLICATE, PTO RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DAVID G. LATWESEN, Ph.D. WELLS, ST. JOHN, ROBERTS, GREGORY & MATKIN P.S. W. 601 FIRST AVE., SUITE 1300, SPOKANE, WA 99201-3817
Signature	
Date	3/23/98

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: March 23, 1998			
Typed or printed name	SUSAN T. WENZL		
Signature		Date	3-23-98

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 1,260**Complete if Known**

Application Number	08/530,661
Filing Date	September 20, 1995
First Named Inventor	Brent Keeth et al.
Examiner Name	N. Kelly
Group / Art Unit	2503
Attorney Docket No.	MI22-356

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name

23-0925

WELLS, ST. JOHN ET AL.

☒ Charge Any Additional
Fee Required Under
37 CFR 1.16 and 1.17☐ Charge the Issue Fee Set in
37 CFR 1.18 at the Mailing of the
Notice of Allowance

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Money
Order ☐ Other**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	950
118	1,510	218	755	Extension for reply within fourth month	
128	2,060	228	1,030	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	310
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
* Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$) 1,260

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	790	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

		Extra Claims		Fee from below	Fee Paid
Total Claims	<input type="text"/>	- 20** =	<input type="text"/>	X	<input type="text"/>
Independent Claims	<input type="text"/>	- 3** =	<input type="text"/>	X	<input type="text"/>
Multiple Dependent					<input type="text"/>

** or number previously paid, if greater. For Reissues, see below

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	22	203	11	Claims in excess of 20	
102	82	202	41	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	82	209	41	** Reissue independent claims over original patent	
110	22	210	11	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**SUBMITTED BY**Typed or
Printed Name DAVID G. LATWESSEN, Ph.D.

Signature

Date

3/23/98

Complete (if applicable)

Reg. Number 38,533

Deposit Account
User ID

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